

DR GEOFFERY MIFSUD
18 hargrave Road
AUBURN NSW 2144

Dear Dr MIFSUD

RE: Mr STEPHEN NEWTON
(DOB: 23/05/1973)
Pat Id: 322932

Report Status: **Authorised**
Reported Date: 27/05/2025
Examination Date: 27/05/2025

MRI CERVICAL SPINE

Clinical History: 52M - left cervical radiculopathy symptoms. ? radiculopathy.

Technique: Routine non-contrast cervical spine sequences.

Findings:

Normal cervical lordosis. Predominantly fatty marrow. No acute fracture.
No T2 cord signal abnormality.

C2/3: Mild disc desiccation. No central canal or neural exit foramen narrowing.

C3/4: Mild disc degeneration. No central canal stenosis. Mild uncovertebral and facet joint OA changes. Mild bilateral neural exit foramen narrowing.

C4/5: Mild disc degeneration. Mild central canal stenosis. Mild-moderate uncovertebral and facet joint OA changes. Moderate right and mild left neural exit foramen narrowing. Impingement of the right C5 nerve root.

C5/6: Mild-moderate disc degeneration. Mild central canal stenosis. Mild-moderate uncovertebral and facet joint OA changes. Moderate left and mild-moderate right neural exit foramen narrowing. Impingement of the left C6 nerve root.

C6/7: Mild disc degeneration. No central canal stenosis. Moderate left and mild-moderate right uncovertebral and facet joint OA changes. Impingement of the left C7 nerve root.

C7/T1: Mild disc degeneration. No central canal stenosis. Mild uncovertebral and facet joint OA changes.

COMMENT:

Moderate right C4/5, bilateral C5/6 and left C6/7 neural exit foramen narrowing with impingement of the right C5, both C6 and both C7 nerve roots.

Thank you for referring this patient.
Sincerely Yours,





Health

Hospital: Auburn Hospital
 Ward: AU Emergency Department
 MRN: 5915554
 AUID: 1000959899
 Name: NEWTON, Stephen Leslie
 DOB: 23/05/1973 Sex: Male
 Address: 4/425 Guildford Road
 Guildford, NSW 2161

Age: 52 years

Discharge Summary

Cervical radiculopathy (ED Suspected)

Past Medical History

Ongoing

No qualifying data

Historical

No qualifying data

Progress in Hospital

ED Medical Assessment - Nguyen (Registrar)

52M presents with left arm parasthesia and weakness

HPI

First started noticing pain and parasthesia in left arm three months ago

- Noted pain in left arm after looking at phone for extended periods when laying down

Has been having remedial massage for the past three months with some improvement

Also saw chiropractor recently who did some neck and shoulder manipulations that helped

Today woke up with persistent left arm parasthesias

- Was due to travel back to Narrabri (550 km) drive for contractor work, but felt unable to due to persistent pain

Has only had paracetamol here at triage

Denies recent trauma to neck or arm

No fevers/night sweats/weight loss/appetite changes

PMHx

Denies significant past medical history

Medications

Nil regular medications

Allergies

NKDA

SHx

Works office job

Non-smoker, non-drinker

On Examination

25/05/2025 09:23 T: 35.5 HR: 89 RR: 18 BP: 115/79 SpO2: 98

Appears well

Nil obvious wasting in left arm

**Health**

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Discharge Summary

Left arm reduced power (4/5) in elbow extension, wrist extension/flexion, finger abduction
Right arm full power throughout

Impression

Cervical radiculopathy
- Needs outpatient MRI

Plan

Discharge with analgesia and outpatient MRI

Sing Nguyen
ED Registrar [1]

Allergies/Adverse Drug Reactions

No Known Medication Allergies

Medication**Medication being taken on discharge**

Discharge Medications are not displayed. Please complete the discharge medication reconciliation.

Vaccines administered during this visit

Nil

Author

Designation: _
Name: Sing Nguyen
Contact#:
Provider#: 5986842L

Patient Location

AUBURN HOSP AU Emergency Dept

[1] ED Medical Assessment; Nguyen, Sing Cong (Medical Officer) 25/05/2025 10:14 AEST